Mental Health Services Act
Workforce Education and Training

March, 2007

THREE-YEAR PROGRAM AND EXPENDITURE PLAN GUIDELINES

Fiscal years 2006-07, 2007-08, 2008-09

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Three-Year Program and Expenditure Plan Guidelines

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THREE-YEAR PROGRAM AND EXPENDITURE PLAN

MENTAL HEALTH SERVICES ACT

WORKFORCE EDUCATION AND TRAINING COMPONENT

Fiscal Years 2006-07, 2007-08, 2008-09

PART I – PURPOSE AND BACKGROUND

Purpose. The Mental Health Services Act (MHSA or the Act) requires that the Department shall establish guidelines for the content of the Workforce Education and Training Plan (County Plan) that each county mental health program (hereinafter to include Tri-Cities and the City of Berkeley) shall submit as part of its three-year program and expenditure plan.

The purpose of this document is to set forth the guidelines for the submission of each county's first County Plan.

Background. The MHSA represents a comprehensive approach to the development of community based mental health services and supports for the residents of California. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. To provide for an orderly implementation of MHSA, the California Department of Mental Health (DMH or the Department) has planned for sequential phases of development for each of the components. Eventually all these components will be integrated into comprehensive plans with a continuum from prevention and early intervention to comprehensive, intensive interventions for those in need.

The first component to be implemented was the Community Planning Process as described in DMH Notice No.: 05-01. The second component to be implemented was the Community Services and Supports (CSS) component as described in DMH Notice No.: 05-05.

Workforce Education and Training is the third component to be enacted, and contains those elements of the Act that define the guidelines for addressing workforce development and education and training needs. The pertinent sections of the Act are Sections 5 and 15 that add or amend significant portions of the Welfare and Institutions Codes defining program requirements.

Workforce development and education and training needs include:

- Addressing identified occupational shortages in both county mental health and private organizations providing services in the public mental health system.
- Education and training for all individuals who provide or support services in the public mental health system. This is education and training that contributes to developing and maintaining a culturally competent workforce, to include consumers and family members, who are capable of providing consumer- and family-driven services that promote wellness, recovery and resilience, and lead to measurable, values-driven outcomes.

The Act mandates that the Department implement a five-year education and training development plan (Five-Year Plan). The Department, in partnership with its stakeholders, has created a five-year strategic planning process as a means to implement this component of the Act. Each County Plan will become part of the Five-Year Plan. The mission, values, vision, goals and objectives of this Five-Year Plan are consistent with the fundamental concepts inherent in the Act. The following fundamental concepts are essential elements for all three-year program and expenditure plans, and include:

- Wellness focus, which includes the concepts of recovery and resilience
- Cultural competence
- Client/family driven mental health system for older adults, adults, transition age youth and family driven system of care for children and youth
- Integrated service experience for clients and their family members throughout their interactions with the mental health system
- Community collaboration

These fundamental concepts combine to ensure that counties work with their communities to create culturally competent, client/family driven mental health services and support plans which are wellness focused, which support recovery and resilience, and which offer integrated service experiences for clients and families. The plans submitted by the counties need to incorporate and reflect these concepts.

County Plans will be evaluated for their contribution to meeting specific strategies which are stipulated in the Act, and address workforce needs. These strategies include:

- Expansion of the capacity of postsecondary education to meet the needs of identified mental health occupational shortages
- Expansion of loan forgiveness and scholarship programs offered in return for a commitment to employment in California's public mental health system

- Creation of stipend programs modeled after the federal Title IV-E program for persons enrolled in academic institutions who want to be employed in the mental health system
- Establishment of regional partnerships among the mental health and educational systems in order to expand outreach to multicultural communities, increase the diversity of the mental health workforce, reduce the stigma associated with mental illness, and to promote the use of web-based technologies and distance learning techniques
- Establishment of strategies to recruit high school students for mental health occupations by increasing the prevalence of mental health occupations in high school career development programs, such as health science and human service academies, adult schools, and regional occupation centers and programs
- Training of staff to provide services in accordance with the provisions and principles of the Act
- Promotion of the employment of mental health consumers and family members in the mental health system
- Promotion of the meaningful inclusion of mental health consumers and family members, and incorporate their viewpoints and experiences in all training and education programs
- Promotion of the inclusion of cultural competency in all training and education programs

The above strategies are mandated by the Act, and are addressed in the Five-Year Plan as Objectives, with Actions proposed. Concurrent with counties developing and implementing their County Plans the Department is implementing a number of state funded and administered workforce development and training programs in order to:

- Ensure that all elements are collectively addressed
- Increase statewide access and benefit to employers and current and prospective employees, where appropriate
- Increase cost-effectiveness of administration
- Establish replicable model programs that can assist in the development of new programs across the state

Thus the Five-Year Plan will consist of a partnership of state and county funded and administered Actions that fully address the intent of the Act.

Counties are to refer to the Five-Year Plan in developing their County Plans, and are to propose county Actions that, in combination with state administered workforce development and education and training programs, address their assessed workforce development and education and training needs. The Five-Year Plan, as well as all state administered programs will be posted at http://www.dmh.ca.gov/mhsa/EducTrain.asp.

PART II - PLANNING AND SUBMISSION GUIDELINES

Planning. The planning process for a county's Workforce Education and Training Plan should build upon the extensive Community Program Planning process that occurred during the development of the CSS component. This provided a model that counties can use, in partnership with their stakeholders, in determining how best to utilize funds that will become available for the workforce education and training component.

In order to develop an effective County Plan, stakeholder representatives should be invited and encouraged to participate in the planning process. These include:

- Program, administrative, training and line staff from the county and community based organizations providing public mental health services
- Consumers and family members
- Representatives who can speak to workforce diversity needs and solutions
- Educational entities, to include high schools, adult education, regional occupational programs, community colleges, universities, private schools, trainers, consultants and professional organizations
- Community partners who assist in the delivery of public mental health services, such as social services, behavioral health and vocational rehabilitation services

The stakeholder process should be focused, time-limited and may consist of a combination of planning and input formats, such as focus groups, planning meetings, teleconferences and electronic communication.

Consistent with MHSA statutory requirements (Welfare and Institutions Code Sections 5848(a) and (b)) each County Plan shall be developed with local stakeholders and made available in draft form and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the plan. The county shall post a summary and analysis of any substantive revisions made as a result of stakeholder input. No public hearing is required.

Funds Issued Prior to County Plan Approval. DMH Information Notice 07-XX provides each county with a Planning Estimate, or maximum available funding level, and instructions and guidelines for requesting and receiving workforce education and training funding prior to plan approval. These early implementation funds cover the time period needed by each county to develop and submit to the State their County Plan. It also enables counties to initiate critical workforce education and training activities that are considered by the

counties to be essential to supporting the delivery of quality services. All activities initiated by counties with these funds must fit within the County Plan requirements contained herein.

These funds can be used for staff time and consultants to assist in facilitating the stakeholder process, writing the plan, beginning and maintaining the more protracted planning for programs such as regional partnerships, mental health career pathway programs, and residency and internship programs. Counties must identify a Workforce Education and Training Coordinator, and may utilize advance funding for the purpose of establishing this position. Upon mutual county agreement this position may serve multiple counties.

County Plan Submission. An original and seven (7) copies of the completed County Plan should be submitted to:

California Department of Mental Health
MHSA Workforce Education and Training Plan
Workforce Education and Training Unit
1600 9th Street, Room 250
Sacramento, CA 95814

County Plans must include:

- **Workforce Plan Face Sheet** (Exhibit 1). The Face Sheet must be signed by the county mental health director, who verifies that all plan requirements are met.
- **Workforce Needs Assessment** (Exhibit 2). This exhibit will provide summary information regarding quantitative workforce shortages and diversity needs in your County.
- **Work Plan** (Exhibit 3). This exhibit will outline what Actions your county plans to take in order to address 1) the workforce needs depicted in Exhibit 2, 2) cross-cutting MHSA fundamental principles, and 3) strategies stipulated in Section 5822 of the Act.
- **Action Matrix** (Exhibit 4). This exhibit links Actions listed in Exhibit 3 with workforce needs, MHSA fundamental principles, and strategies stipulated by the Act.
- **Budget Summary** (Exhibit 5). This exhibit provides a summary of funds requested for each fiscal year.
- **Quarterly Progress Report** (Exhibit 6). This exhibit provides a template for quarterly reporting of progress achieved in your county's implementation of planned Actions.

County Plans must be unbound, 3-hole punched, with binder ring in upper left hole. Proposals will not be accepted via fax or e-mail. Proposal narratives must be typed in size similar to 12-point Arial font with one-inch margins or larger. One electronic copy of the proposal must be submitted on either CD or diskette.

Final electronic versions of the exhibits may be used for posting on the Department's web site.

Funds Issued After Plan Approval. DMH Information Notice 07-XX lists a maximum amount of MHSA funding available for each county for implementing its workforce education and training component, to include a maximum amount of funding available that can be released prior to County Plan submission. County mental health programs must submit a complete County Plan to the Department in order to request the balance of MHSA funding to implement this component.

Review and Approval. The review and approval process for these plans is expected to take approximately thirty to sixty days. Staff from the Workforce Education and Training Unit will work closely with county staff to assist with plan submission, identify any needed additional information, and obtain plan approval.

In submitting a County Plan counties may choose to submit work plan(s) and budget(s) for less than the total Planning Estimate provided for their county. The county may then subsequently add work plans up to the amount of the Planning Estimate, provided all exhibits are completed with each submission and are consistent with the original plan submitted. For example, the MHSA Prevention and Early Intervention component, when implemented, will provide as yet unknown services and additional workforce needs. Upon implementation of this component counties will have the opportunity to make adjustments, through updates to their County Plan, which may be reflected in their performance contract through an amendment.

PART III: WORK PLAN REQUIREMENTS AND INSTRUCTIONS

Overview. The Workforce Education and Training component of the counties' three year program and expenditure plan is a series of template exhibits that identify a county's workforce needs, provide budgeted actions to address the needs, and then link these actions to cross-cutting principles and elements stipulated in the Act. There are six exhibits to be completed:

- **Exhibit 1: Workforce Plan Face Sheet**
- **Exhibit 2: Workforce Needs Assessment**
- **Exhibit 3: Work Plan**
- **Exhibit 4: Action Matrix**
- **Exhibit 5: Budget Summary**
- **Exhibit 6: Three-Year Plan – Quarterly Progress Goals and Report**

Exhibit 1: Workforce Plan Face Sheet

This exhibit is a signed verification by the county's mental health director that all requirements for the planning, implementation and funding of the County Plan have been considered and will be followed. It also provides the name and contact information of the director's designated point of contact for all matters related to this component.

Exhibit 2: Workforce Needs Assessment.

This exhibit enables a county's, and subsequently California's, public mental health system to establish a standardized set of data that depicts workforce development needs, and enables the measurement of change over time. For planning purposes counties are to count the entire workforce that provides and supports services in the public mental health system, to include individuals, groups and agencies that contract with the county. The focus is on persons working, either full- or part-time, or volunteering (for example, some interns, some consumers and family members) in public mental health positions. Include in the count county employees and volunteers, community agencies contracting with the county, and individuals in solo or small group practices contracting with the county. For staff who support direct service staff, such as administrators, clerical, analysts, and IT staff, count only those positions if they are employed by a county mental health department or division, or directly provide support to the direct service staff of an agency contracting with county mental health to provide public mental health services.

This exhibit has four sections:

I. By Occupational Category. This enables the establishment of a quantitative baseline by occupation and occupational categories. It identifies those positions that are hard to fill, and provides an opportunity to estimate additional positions that the county projects as needed to meet the county's present service needs. It also provides the opportunity to compare the racial/ethnic makeup of the county's workforce to that of the mental health population intended to be served.

Note. The MHSA Prevention and Early Intervention component, when implemented, will provide as yet unknown services and additional workforce needs. Upon implementation of this component counties will have the opportunity to make adjustments, through updates to their County Plan, which may be reflected in their performance contract through an amendment.

It is recognized that counties (especially large counties) will be unable to provide a 100% accurate and valid set of data without undergoing a lengthy and expensive data gathering process. This is because of the need to include the non-county community based organizations and groups and individuals who

contract with the county. Also, quantifying the additional positions needed and the racial/ethnic makeup of the intended mental health population will be estimates. The directions for completing this exhibit are to develop a defensible methodology for projecting as quickly and efficiently as possible a set of estimated data in order to quantify the differences between capacity and need. For example, acceptable methodologies might include using existing data and studies in order to extrapolate projected data, and/or conducting a sample survey. This data is intended for the planning and allocation of resources, and not to conduct rigorous research.

The following is guidance intended to assist with completing this section of the Exhibit:

Column (1) Positions – This is a list of occupations divided into major categories, such as Managerial and Supervisory. Count positions for licensed and non-licensed managerial and supervisory personnel in Section A, if 50% of more of the person's time is managerial/supervisory. In order to develop consistency of position description across counties, please use the following occupational classification system and translate each organization's job titles into the occupational positions listed below. This is based upon primary tasks performed. For example, if a job title, such as Case Manager, is being used for a Family Member Support Staff, put the person under the latter category. Count an individual only once

A. Managerial and Supervisory Positions

CEO or manager above direct supervisor. – This category is for the County or contract agency Mental Health Director and mid-level managers. Job titles may include Program Manager, Service Chief, Health Care Program Manager, Program Director, Assistant Program Director.
Supervising psychiatrist (or other physician). – In larger counties, a supervising psychiatrist or other physician may oversee psychiatric and other medical services.
Licensed supervising clinician. – Job titles can include Nursing Supervisor, Supervising Psychiatric Social Worker, Team Leader, Unit Supervisor.
Other managers and supervisors. – All other first-line supervisors (for example, Supervising Case Manager, Supervisor of Clerical Staff) belong here.

B. Support Staff (non-direct services)

Analysts, tech support, quality assurance – To be included here are positions such as Mental Health Planning Analyst. This category includes Information Technology support, with titles such as Information Systems/Performance Measurement Staff. Quality assurance includes quality improvement, compliance, and related job titles where an individual's primary duties are in quality assurance.

Education, training, research. – Job titles may include Staff Development Officer, Training Coordinator, Training Officer, Research Analyst.
Clerical, secretary, administrative assistants. – Job titles here include Secretaries, Clerks, Administrative or Office Assistants, Intermediate Typist Clerk, Billing Clerk, Medical Records Specialist.
Other support staff (non-direct services). – Job titles in this category include Security Guard, Driver, Grant Writer, and Public Information Officer, among others.

C. *Licensed* Mental Health Staff (direct service)

Psychiatrist, general. – self-explanatory.
Psychiatrist, child or adolescent. – self-explanatory.
Psychiatrist, geriatric. – self-explanatory.
Psychiatric or Family Nurse Practitioner. – self-explanatory.
Clinical Nurse Specialist. – self-explanatory.
Licensed Psychiatric Technician. – self-explanatory.
Licensed Clinical Psychologist. – self-explanatory.
Psychologist, registered intern (or waivered). – self-explanatory.
Licensed Clinical Social Worker (LCSW). – self-explanatory.
MSW, registered intern (o, waivered). – self-explanatory.
Marriage and Family Therapist (MFT). – self-explanatory.
MFT, registered intern (or waivered). – self-explanatory.
Other licensed MH Staff (direct service). – self-explanatory.

D. Other Health Care Professionals (direct service)

Physician. – self-explanatory.
Registered Nurse. – self-explanatory.
Licensed Vocational Nurse. – self-explanatory.
Physician Assistant. – self-explanatory.
Occupational Therapist. – self-explanatory.
Physical Therapist. – self-explanatory
Other Therapist (speech, recreation, art, dance). – self-explanatory.
Other Health Care Staff (direct service). – self-explanatory.

E. *Unlicensed* Mental Health Direct Service Staff

Mental Health Rehabilitation Specialist. – This is a category for individuals typically with an Associate of Arts or Science degree or credential, or a general bachelor's degree, and sufficient experience to meet the regulatory definition of Mental Health Rehabilitation Specialist. Titles could include Behavior Specialist and Psychosocial Rehabilitation Worker.
Full Services Partnership Staff. – To be included here are case managers and other staff working within full service partnership service delivery programs.

Case Manager/Service Coordinator. – Other case managers or service coordinators belong in this category who are not listed elsewhere.
Employment Services Staff. – Job titles include all professionals directly or indirectly contributing to career and employment services. Titles may include Job Developer, Employment Consultant, Employment Specialist, Vocational Assistant, Employment Coordinator, Consumer Vocational Activities Coordinator, Educational Support Specialist, Employment Aide and Job Coach, among others.
Housing Services Staff. – Job titles include Housing Specialist, Peer Housing Counselor, Consumer Housing Activities Coordinator.
Consumer Support Staff. – Job titles include Peer Specialist, Consumer Advocate, Peer Mentor, Peer Advocate, Peer Support Aide, Peer Guide, Peer Coach, and Peer Counselor, among others. Mental Health Worker is not uncommon.
Family Member Support Staff. – Job titles include Parent Partner, Family Member Provider, Family Advocate, Family Partner, and Family Member Manager, among others. Mental Health Worker is not uncommon.
Day Treatment Service Provider. – This category should be used for individuals who work in day treatment or other day activity programs, such as sheltered workshops; club houses.
Benefits/Eligibility Specialist. – Job titles in this category include Benefits Planner or Coordinator, Health Services Representative, Benefits Advocate, Substitute Payee Specialist.
Other Unlicensed MH Direct Service Staff. – Job titles in this category may include Mental Health Worker, Co-occurring Disorders Specialist, Forensic Mental Health Specialist, among others.

Column (2) - Estimated # FTE authorized – For each occupation, enter the number of full-time-equivalents (FTE) positions authorized, whether or not all positions are filled. For agencies contracting with the county authorized positions could means positions budgeted or funded. Enter the Sub-Total for each occupational category.

Column (3) - Positions hard to fill (Y/N) – Mark Y for “Yes” and N for “No,” indicating which occupational positions are deemed hard to fill because of a shortage of qualified individuals who apply for positions approved to be filled. Reasons could include that there are not enough individuals with the minimum qualifications, or that pay and/or benefits are insufficient to attract or retain sufficient qualified individuals, or that there is difficulty attracting sufficient individuals to meet ethnic/racial diversity needs. Do not mark this column as “yes” if the position is hard to fill because of organizational barriers, such as personnel or human resource policies and procedures that interfere with the timely filling of positions.

Note. This column will be key in linking proposed funding for Actions to address challenges in recruiting and/or retaining staff. Positions may be deemed hard to fill in only a designated part of a county, or may pose a challenge only in

agencies that contract with a county. In this instance it is recommended to mark these positions as deemed hard to fill, and provide explanatory remarks in section **IV. Remarks**.

Column (4) - # additional FTE estimated to meet need – For each occupation enter the estimated number of additional full-time-equivalent (FTE) positions estimated as needed in order to meet current estimated community public mental needs of the county. This is a planning estimate that quantifies current unmet need as it is defined in each county. This planning estimate is to assist in establishing a baseline in assessing workforce capacity versus need over time, and to assist in long term planning of workforce development resources for specific occupations.

Columns (5) through (10) – Race/ethnicity - For each occupational category, such as Managerial and Supervisory, provide an estimate of how many FTEs are currently filled with individuals who are White/Caucasian (column 5), Hispanic/Latino (column 6), African American/Black (column 7), Asian/Pacific Islander (column 8), Native American (column 9), and Multi-Race or Other. Because individuals voluntarily self-identify their primary race or ethnicity, numbers entered may be estimates based on estimates from a county's most recent race/ethnicity workforce studies or surveys. Be sure the totals from columns 5 through 10 equal the total in 11.

Note. Counties may have specific underserved and/or unserved communities or groups of individuals that are small but significant subset populations within the six broad race/ethnicity categories provided. In this instance it is recommended to provide explanatory remarks in section **IV. Remarks** that speak to the need for increasing the diversity of the workforce to more effectively serve these identified populations. These columns will be key in linking proposed funding for Actions to address challenges in recruiting and/or retaining staff.

Column 11 – Column 11 should equal the total filled FTEs in the county by occupational category.

Total Public Mental Health Population – Enter by race/ethnicity the number of individuals that your county currently intends to serve this year. Again, these are estimated numbers that could include recent history, population trends, ending programs, and starting new programs, such as MHSA funded services. These estimates will enable the planning and allocation of workforce education and training resources at both the state and county levels to address racial/ethnic disparities between those served and those providing services.

II. Positions Specifically Designated for Consumers and Family Members. The Act mandates the integration of consumers and family members into all aspects of public mental health. This section enables a quantification and analysis of those positions for which the county and their community based organizations have specifically designated as positions for which experience as a

consumer and/or family member is designated in either the title or is described as desirable or encouraged in the statement of qualifications.

The Community Services and Supports component identified new consumer and family member positions funded through MHSA. The completion of this section represents the entire public mental health system. This section is a sub-set of section I, and the numbers are to be included in the numbers entered in section I.

III. Language Proficiency. Counties are to report those languages other than English in which there is a need for staff to demonstrate sufficient proficiency to ensure access and quality services are provided to individuals whose primary language is other than English. This enables an analysis of current capacity versus need.

Column (1) - Language other than English – List languages, other than English, for which some public mental health workforce members need proficiency. This can include both officially designated threshold languages as well as languages where a significant number of consumers and family members compel a reasonable accommodation.

Column (2) - Number who are proficient – For each language listed, enter the number of individuals available in the workforce who are proficient in each language.

Column (3) - Additional number who need to be proficient – If the number in Column (2) is inadequate to meet the need, indicate how many additional individuals need to be proficient to meet current needs.

Column (4) - TOTAL (2)+(3) – For each language listed, add the number in Column (2) to the number in Column (3) and record the sum in Column (4).

IV. Remarks. This section is to provide a brief listing of any significant shortfalls that have surfaced in the analysis of data provided in sections I, II, and/or III. It is important to include any sub-sets of shortfalls or disparities that are not apparent in the categories listed, such as sub-sets within occupations or racial/ethnic groups.

Exhibit 3: Work Plan

What the Work Plan Does. In this exhibit counties are to describe the workforce education and training Actions that the county plans to fund and administer at the county level with MHSA dollars. The Department is also initiating a number of state funded and administered Actions designed to address the mandates of the Act and to provide replicable model programs to assist in the development of additional programs at the county level. In developing their plans counties are to consider these state administered programs in order to avoid duplication of effort, and to supplement, where appropriate.

Why. Actions listed in Exhibit 3 are to address needs surfaced in their Exhibit 2 – Workforce Needs Assessment, the five fundamental concepts inherent in the Act, and must be consistent with the specific strategies stipulated in Section 5822 of the Act.

Who the Work Plan is For. Funds budgeted in a county's work plan are intended for current and prospective employees of a county's public mental health system, and include individuals and entities who contract, volunteer, and/or provide in-kind contributions to the delivery and support of mental health services within the public mental health system.

How the Work Plan is Configured. This exhibit is divided into five funding categories in order to organize the types of workforce education and training Actions:

A. Workforce Staffing Support
B. Training and Technical Assistance
C. Mental Health Career Pathway Programs
D. Residency, Internship Programs
E. Financial Incentive Programs

In the above funding categories different options or funding parameters are listed in these instructions in order to illustrate desirable Actions, and to assist in the development of a county's Actions. These recommended Actions have been developed with considerable input from subject matter experts in education and training. However, it is not mandatory to include all of these Actions in a county's work plan. In addition, planned state administered education and training programs are described.

These recommended Actions and state administered activities are illustrated with borders and shading in order to easily distinguish this guidance from requirements.

What is Allowable. Counties can choose to supplement the state funding of a replicable model program if it will benefit their county, and/or they can allocate funds to create similar programs in their county.

Counties are not required to develop Actions in all five of the above categories, but rather to link their planned Actions to effectively address their workforce education and training needs.

Counties can list Actions within any of the five funding categories that are not specifically listed and described in these instructions. For example, counties may propose to fund training topics that do not appear to fit within the guidance listed here. In this instance counties will need to provide in its description a narrative that demonstrates how this Action is consistent with the five fundamental principles intended by the Act, and how the Action fits within the strategies stipulated in Section 5822 of the Act.

What is Not Allowable. Consistent with the philosophy of the Act the intent is to expand, or supplement, the capacity of funding that is being currently dedicated for workforce development and training and technical assistance. Thus Actions listed must be either new or modified activities that more closely adhere to the intent of the Act. Funds may not supplant existing workforce development and/or education and training activities, unless such activities are modified and/or expanded to fully meet the fundamental principles contained in the Act. An example of funding that might not fit these criteria would be training in such areas as defensive driving, sexual harassment training, and courses that enable individuals to develop basic and advanced computer skills. Another example of funding that would not fit these criteria would be educational and/or training curricula that has not been modified to meet the intent of the Act, and does not prepare participants to work in the public mental health system.

Funds may not be used for workforce recruitment and retention strategies, such as stipends and loan forgiveness programs that address the workforce needs of systems other than public mental health, such as criminal justice, social services, and medical services.

Finally, funds in this component are not to fund staff time that is delivering public mental health services. Service delivery is to be funded by MHSA Community Services and Supports (CSS) funds, Short-Doyle Medi-Cal, or other existing funding sources earmarked for this purpose.

How the Work Plan is Completed. For each Action counties will provide a title, a brief description of what is planned, what will be accomplished (objectives), a budget justification that outlines the planning factors used to construct the budget, and a budgeted amount per fiscal year. Planned objectives should cover the time period included through June 2009.

A. Workforce Staffing Support.

This category includes the specific earmarking of funds to plan for, administer, support or evaluate the workforce programs and trainings fielded in the remaining four categories. These funds can pay for individuals or agencies via hourly rate, staff, or by contract. This staff time can also be used to support or supplement state administered programs that impact the county.

This funding category includes the staff planning of the programs listed in the remaining funding categories, such as mental health career pathway programs, and residency and internship programs. Much of this staffing activity would be expected to continue after County Plan approval. Budget Summaries should be inclusive of funds provided prior to plan approval, as well as funds needed to continue the activity after plan approval.

Counties must identify a Workforce Education and Training Coordinator. It is recommended that dedicated staff time be funded in this category. Upon mutual county agreement this position may serve multiple counties.

I. The following represents examples of appropriate Actions for consideration:

#1. Title: MHSA Workforce Education and Training Coordination.
Description: Counties are required to identify an individual responsible within the county for overall coordination of the MHSA funded workforce development programs and education and training. Funds for this Action could include paying for staff and staff support to coordinate the planning and development of the County Plan, to include completion of a workforce needs assessment, implementation of plan approved Actions, reporting requirements, and evaluation of impact of workforce Actions on identified needs. Staff and support staff could include county staff, to include supervision and clerical support, community based agency staff and consultants on contract, and consumers and family members on an hourly rate.
Objectives: Objectives could be described in terms of significant products, events, establishment of program or specific outcomes achieved. Objectives in this Action could be such products as the County Plan, quarterly reports, annual updates, a needs assessment, and executed contracts with entities providing workforce education and training programs and services.
Budget Justification: Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Funds budgeted for less than a full fiscal year would be prorated.

#2. Title: Regional Partnership Staffing.

Description: Regional Partnerships are ongoing forums for geographically contiguous communities and/or counties to act as an employment and educational resource for mental health providers, education and training entities, consumers and family members, and any community partners participating in public mental health. Funds for this Action could include paying for staff to support these regional partnership structures in such activities as:

a) Providing staff support to regional partnership meetings and activities
b) Identifying and obtaining workforce resources, such as federal, grant and foundation funding, and in-kind and match funding opportunities with local labor, education and vocational rehabilitation entities
c) Engaging in common research and grant activities between public mental health and educators, as well as educators across disciplines, that would benefit all entities and assist in the evolution of promising public mental health practices to evidence-based practices to publication and replication
d) Serving as a resource on the availability of job and internship opportunities in public mental health in the region
e) Developing training and technical assistance opportunities
f) Planning mental health career pathway programs in existing educational settings, such as high schools, adult education, regional occupational programs, community colleges and universities
g) Developing and overseeing curriculum development consistent with the values and principles of the Act, such as the recovery model and cultural competency
h) Establishing and maintaining a distance learning/tele-mental health station(s)
i) Collaboration with existing allied support systems to public mental health
j) Sharing information on newly developed promising and innovative practices
k) Developing and supporting a regional expert pool of consumers and family members as leaders, speakers, trainers and evaluators in public mental health. This expert pool could assist with the planning, development and implementation of the County Plans.

Staff and support staff could include county staff, to include supervision and clerical support, community based agency staff and consultants on contract, and consumers and family members on an hourly rate.

Objectives: Objectives could be described in terms of significant products, events, establishment of program or specific outcomes achieved. Objectives in this Action could be establishment of a regular meeting schedule, mapping of participating counties and communities, establishment of a regional partnership strategic plan, obtaining of grants and funding outside MHSA, establishment of a consumer and family member expert pool, establishment of a career mental health pathway program, establishing a distance learning station, developing or modifying an education or training curriculum.

Budget Justification: Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Funds budgeted for less than a full fiscal year should be prorated. The cost of establishing a station for learning at a distance would be expressed in terms of the total cost of the equipment and supplies specific to establishing a video teleconferencing station times the number of stations.

#3. Title: Ongoing Employment and Educational Staff Support.
Description: This Action could establish FTE staff positions with very specific subject matter expertise that enable the providing of employment and educational supports to community public mental health employees that are beyond the scope of normal supervision, reasonable accommodation and employee assistance programs. Emphasis would be in supporting employees with consumer and family member experience. However, the services would be available to all community public mental health employees. The subject matter expertise would consist of providing counseling and support to employees transitioning from being a consumer of mental health services to a provider of mental health services. Special expertise could be in the area of benefits and financial planning, such as issues of SSI/SSDI benefits and work incentives, transitioning from Medi-Cal to private insurance, planning and participating in educational endeavors to enable career progression, and assistance in applying for and obtaining for positions in mental health. Staff could include county staff, to include supervision and clerical support, community based agency staff and consultants on contract, and consumers and family members on an hourly rate.

Objectives: Objectives could be described in terms of significant products, events, establishment of program or specific outcomes achieved. Objectives in this Action could be the number of employees served, retention rate of employees (length of employment in community public mental health) versus the retention rate of the overall employee work force, reducing the length of time positions are vacant, and career progression of those served.

Budget Justification: Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Funds budgeted for less than a full fiscal year should be prorated.

II. Workforce Staffing Support Funded and Administered at the State Level.

The Department fields a Workforce Education and Training Unit consisting of DMH staff who provide leadership, coordination and contract administration of education and training programs listed as Actions in the Five-Year Plan. In addition, this unit contracts with consultants who assist in providing a statewide comprehensive workforce needs assessment, and assist in the development of regional partnerships throughout California.

In the area of regional partnerships the Department plans to fund in each of the five public mental health regions of California a base regional partnership structure, consisting of approximately the equivalent of five FTE staff per California Mental Health Director's Association (CMHDA) defined mental health region. The duties of these staff will be determined by the counties in each of the regions, with the primary objective of assisting counties in the determination of the appropriate number and configuration of regional partnerships, and locally determining the activities of each regional partnership. Counties can add workforce support staff to these developing regional partnerships to their individual level of need.

Planning Factors. In developing budgets for the above state administered staff support activities the Department used the planning factor of budgeting, on average, $100,000 on an annualized basis per FTE, whether staff time was on contract, hourly, or a state employee. This planning factor was an all-inclusive cost that included salary, benefits, operating costs to support the position, and administrative overhead at 15%. Counties will need to adjust this planning factor to existing and planned costs for staff in their county.

B. Training and Technical Assistance.

This is a very broad funding category that is defined as events and activities in which individuals and/or organizations are paid with MHSA funds to assist all individuals who provide or support the public mental health system in better delivering services consistent with the fundamental principles intended by the Act. These are:

- Wellness, recovery and resilience
- Cultural competence
- A consumer and family driven mental health system for older adults, adults and transition age youth and a family driven system of care for children and youth
- An integrated service experience for clients and their family members throughout their interactions with the mental health system
- Community collaboration

All trainers and consultants funded by MHSA are to be well versed in the above fundamental principles and integrate them throughout the training and technical assistance that is provided. All training and technical assistance topics provided with MHSA funding must be related to increasing a county's ability to do the following:

- Promote recovery, wellness and resiliency by
  - Facilitating recovery and resiliency-oriented mental health service delivery
  - Assessing and treating co-occurring disorders
  - Assessing and treating trauma
  - Integrating physical and mental health treatment
  - Using alternate treatment modalities to decrease medication need
  - Sharing innovative/best/promising/evidence-based practices
- Promote consumer and family member support by increasing expertise in
  - Supportive housing
  - Supportive education
  - Employment with any needed supports
  - Understanding and encouraging self-help and peer support
- Promote consumer and family member partnership through education and technical assistance about
  - Employing consumers and family members
  - Developing peer and family support services
  - Developing career ladders for consumer and family member employees
  - Leadership training and development at all levels of an organization
  - Utilizing consumers and family members in developing curricula and as trainers
- Promote cultural competency by
  - Outreaching and engaging underserved/unserved populations
  - Building community teams to serve target/special populations/age groups
  - Assessing cultural competency and training to targeted needs
  - Recruiting and retaining culturally competent staff
  - Developing language proficiency strategies

For this funding category intended audiences can include not only county staff and community agencies delivering community public mental health services, but also community partners in service delivery, such as criminal justice, social services, medical professionals, and other "first responders." Other participants can include staff from locked facilities and other non-voluntary settings. Consumers and family members should be encouraged to participate.

In addition, the following guidelines for provision of training and technical assistance are recommended:

- Consumers and family members should be a part of the team that develops curricula and provides the training or technical assistance
- Members of special populations and/or unserved/underserved groups should be a part of the team that provides training or technical assistance that impact these populations
- Where appropriate, training and technical assistance should have a blended audience that includes service providers, management, consumers and family members, and community partners who have a stake in the training and technical assistance
- Programs and individuals who currently embody successful practices according to the principles of The Act, or "early adopters" should be recruited to provide training and technical assistance
- Trainers and training methods with a proven track record of success should be used
- The experiences of consumers and family members who have successfully navigated the public mental health system and have incorporated wellness, recovery and resilience into their lives should be considered as a resource in training and technical assistance events
- Training and technical assistance should have a direct link to the outcomes desired in community public mental health services
- Include local community educational entities and educators from universities, colleges, regional occupational programs, adult education and secondary education in the planning, delivery and evaluation of training and technical assistance

I. The following represents examples of appropriate Actions for consideration:

#1. Title: Conduct an Organizational Capacity Assessment of Cultural Competency and Conduct Training.
Description: Counties will be able to access and utilize the California Brief Multicultural Competence Scale (CBMCS) Training Program, the result of a four-year study by Gamst, Der-Karabetian et al. for training mental health professionals. Currently being piloted in six California counties, the CBMCS Training Program is an empirically-based curriculum and training program to assess and train the mental health workforce in multicultural knowledge, awareness of cultural barriers, sensitivity to consumers with diverse cultural backgrounds and socio-cultural factors.

Objectives: Objectives could be described in terms of significant events or specific outcomes achieved. Objectives in this Action could be such events as number of training days planned, and outcomes could be number of individuals trained, and/or utilization of the skills and knowledge obtained in the training.

Budget Justification: Planning factors for construction of a budget for this Action would be the number of training days times the all-inclusive cost for fielding a training day. All-inclusive costs include payment to trainers, to include

consumers and family members participating as trainers or support staff, travel costs for trainers and trainees, room and equipment rentals, materials and supplies. Training day time could include preparation, delivery and evaluation of the impact of the training on attendees and service delivery. Costs could also include separate line items, such as purchasing access to a copyrighted set of training products.

#2. Title: Training and Technical Assistance Team to Implement Full Service Partnerships.
Description: Counties can fund via positions and/or contracts to provide planning, training, technical assistance, coordination and evaluation for the successful implementation of their FSP. This would include participation in regional FSP trainings and immersion in existing replicable model programs to develop the expertise and consultative capacity to provide training and consultative support for staff delivering FSP services. This could also involve providing participation and coordination of ongoing shared learning and problem-solving forums.

Objectives: Objectives could be described in terms of significant products, events, establishment of program or specific outcomes achieved. Objectives in this Action could be establishment of a FSP training team, planned number of FSP training and technical assistance events, and number of staff trained.

Budget Justification: Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Training day time could include preparation, delivery and evaluation of the impact of the training on attendees and service delivery. Funds budgeted for less than a full fiscal year should be prorated. Planning factors could also include the costs for fielding a training day in addition to the FSP training team times the cost for number of training days.

#3. Title: Technical Assistance for the Hiring and Retention of Consumers and Family Members at All Levels of the Mental Health Workforce.
Description: Counties could engage the services of consultants to facilitate the creation of job announcements, minimum qualifications, and duty statements that are accepted by personnel departments and encourage the application and timely hiring of individuals with consumer and family member experience. Counties could also pay for consultants to provide training and technical assistance on building into the workplace an array of ongoing employment supports, to include supportive supervision, reasonable accommodations and benefits planning.

Objectives: Objectives could be described in terms of products, significant events or specific outcomes achieved. Objectives in this Action could be such

products as job descriptions and duty statements incorporated into the county civil service system, events such as number of consultant or training days planned, and outcomes could be number of consumers and family members hired, retained and appropriately and competently employed.

Budget Justification: Planning factors for construction of a budget for this Action would be the number of training or technical assistance days times the cost for fielding a training or technical assistance day. Technical assistance time could include preparation, delivery and evaluation of the impact of the technical assistance on attendees and service delivery.

II. Training and Technical Assistance Funded and Administered at the State Level.

1. The Department has added MHSA funding to existing contracts with statewide constituency and training organizations, community based organizations and individual consultants in order to assist counties in implementing their Community Services and Support Plans. These include:

- California Institute for Mental Health – training and technical assistance to support county mental health programs in implementing values driven evidence based practices
- United Advocates for Children of California – training for family member trainers to educate, equip, and support parents of children in the mental health system
- National Alliance for the Mentally Ill in California – providing peer-to-peer and family-to-family training
- California Network of Mental Health Clients – Developing a Self-Help Technical Assistance Center to promote employment of consumers in public mental health.
- Under the Department of Mental Health/Department of Rehabilitation Interagency Agreement – a cadre of consultants that provides training and technical assistance on preparing consumers for employment, hiring consumers in the mental health system, and providing ongoing employment supports

2. The Department plans to convert to a Web-based format and make available online the following training topics and curricula at no cost to counties:

- Cultural Competency
- Principles of Psychosocial Rehabilitation
- Wellness Recovery Action Planning
- Consumer entry level employment preparation
- Family members as partners in service delivery

3. The Department will be funding a Train-the-Trainers program, in which individuals will learn how to be more effective trainers and consultants. Target audiences will be those individuals who have subject matter expertise essential to transforming public mental health service delivery to embody the principles and practices envisioned by the Act. These are individuals with consumer and family member experience, and content experts, such as service providers, desirous of delivering their material in a professional and stimulating manner.

4. The Department will also be funding a Leadership Institute to develop the public mental health system's future leaders. Counties, community based organizations and consumer and family member constituency organizations will be able to send leaders to this training.

Counties are encouraged to assess the scope and availability of these training resources to their needs, and supplement, where appropriate, the Actions that will fully meet their training and technical assistance needs.

Planning Factors. In developing budgets for the above state administered training and technical assistance activities the Department used the planning factor of budgeting, on average, $100,000 on an annualized basis per FTE, whether staff time was on contract, hourly, or a state employee. This planning factor was an all-inclusive cost that included salary, benefits, operating costs to support the position, and administrative overhead at 15%. Counties will need to adjust this planning factor to existing and planned costs for staff in their county.

In planning a training day the Department budgeted an all-inclusive cost, excluding trainee travel, ranging from $800 for a six-hour day to $4,000 a day, depending upon the qualifications of the trainer/consultant, and the number of trainers/consultants. This training/consultant day was considered the "contact" day, and included preparation time beforehand and follow-up activities after the event. In budgeting a varied number of training days and topics the Department averaged the cost per training day at $2,500.

C. Mental Health Career Pathway Programs

Mental health career pathway programs are educational, training and counseling programs that are designed to recruit and prepare individuals for entry into a career in the public mental health system. These programs should provide an exposure to careers and service delivery in public mental health and the Act's vision of wellness, recovery and resilience, consumer and family member driven services, cultural competence, community collaboration, and integrated service experiences.

Mental health career pathway programs address:

- The cultural disparity of the public mental health workforce composition versus the population served by outreach, recruitment and active participation by unserved/underserved communities and special populations, such as transition-age youth and older adults
- The preparation of community members, especially consumers and family members, for employment and a career in community public mental health.

Parameters of mental health career pathway programs:

- Target populations, such as consumers and transition-age youth and their families, need to be actively involved in the planning, construction and evaluation of these programs
- Partnership and integration with existing academic programs is preferred, as high schools, regional occupational programs, adult schools and community colleges have already established existing career academic pathway standards, such as qualities, characteristics and traits of human services workers, and have the expertise and infrastructure to create a mental health career track
- Each program should have a planning process sponsored and supported by the respective mental health and education administrations at the local and regional levels
- The planning process should consider public mental health workforce needs as well as educational capacity, and consider recent history and barriers of similar efforts to the community
- The planning process should identify potential and willing financial and in-kind resources that can be utilized in addition to MHSA funds, and should identify an appropriate fiscal agent
- Planning should include milestones and a timeline to allow for phased stages of implementation
- Program planning needs to articulate a clear, realistic set of outcomes to which the program can be evaluated; such as impact on increasing service penetration to targeted populations, increased rate of students staying in school and matriculating in post-secondary education, individuals actually going to work in public mental health, impact on the diversity of the public mental health workforce, and the retention and career progression of individuals with consumer and family member experience. This would require the program to have a methodology to follow students over time and well after they complete the program
- The program should delineate a career pathway that enables immediate entry into the public mental health workforce, as well as encourages career progression through college and post-graduate education
- Program content should be embedded in creditable educational curricula which fosters preparation for post-secondary education, and should possess a link, or "pipeline" to post-secondary educational programs

- Programs should have built-in marketing and outreach strategies to attract the individuals for which the program is designed
- Programs should provide quality career counseling, personalized educational plans, and activities for participants to form positive group alliances
- Desirable features might include internships or work experiences in public mental health settings, leadership camps during the summer months, stipends for program completion, assistance with expenses associated with participation, and ability for professional staff to participate as students and obtain continuing education units (CEUs) to satisfy licensing continuing education requirements
- Programs must have standards for completion, with identified concrete next steps identified for participants, to include job placement assistance if individuals are preparing for immediate entry into public mental health positions
- Programs should also build in a means to capture lessons learned, best practices and research methodology to assist future replication of potential future programs
- These programs should work to establish a long-term stable funding source that should include a combination of federal, state and local funds and in-kind resources

I. The following represents examples of appropriate Actions for consideration:

#1. Title: Consumer Entry Level Preparation Program.
Description: Counties can fund via positions and/or contracts to provide an entry level preparation program for the increased number of consumers who will be expected to be hired by community public mental health agencies as a result of MHSA. This could be a stand alone training program of several weeks duration run by county staff or a community agency, or a certificated course in partnership with a community college or adult education. MHSA funded staff could include trainers, counselors or case managers, employment service personnel, and staff time in public mental health settings to provide supervision of work experience. The program could be a combination of curriculum based on principles of psychosocial rehabilitation and work experience, and could provide stipends to participants.

Objectives: Objectives could be described in terms of significant products, events, establishment of program or specific outcomes achieved. Objectives in this Action could be establishment of the consumer entry level preparation program, number of participants recruited for participation, number graduating, number employed in community public mental health, number retained over time, and career progression.

Budget Justification: Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE)

times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Funds budgeted for less than a full fiscal year would be prorated. Planning factors could also include stipends and other costs.

#2. Title: Human Services Academy – Mental Health Career Track.
Description: Counties can partner with local high schools, adult education and regional occupational programs to establish a mental health class or track as an introduction for entry into mental health careers. This could be a stand alone program, or part of a health career specialization within a school's educational offerings. Schools located within unserved/underserved communities or special transition-age youth groups could be targeted for participation in order to improve the diversity of the public mental health workforce and to provide outreach. MHSA funded staff could include trainers, counselors or case managers, employment service personnel, and staff time in public mental health settings to provide supervision of work experience. The program could be a combination of curriculum developed in partnership with the educational entity, and supervised exposure to public mental health occupations. Counties could fund dedicated staff time to provide leadership and participation in a comprehensive planning process with stakeholders. The planning process could take as long as twelve to eighteen months before an actual human service academy is begun.

Objectives: Objectives could be described in terms of significant products, events, establishment of program or specific outcomes achieved. Objectives in this Action could be accomplishment of significant milestones in a timeline, program establishment, number of participants recruited for participation, number graduating, number employed in community public mental health, number retained over time, and career progression.

Budget Justification: Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Funds budgeted for less than a full fiscal year would be prorated. Planning factors could also include stipends and other costs.

#3. Title: Psychosocial Rehabilitation Certification Program.
Description: Counties may partner with an educational entity, such as a community college, or contract with a training entity to establish a certificated program for community members to prepare for employment or volunteering in community public mental health. The curriculum could be modeled after that endorsed by the International Association of Psychosocial Rehabilitation Agencies, and could lead to a certification as a psychosocial rehabilitation professional. Attendance would be open to the public, but the program would

market and outreach to populations able to address diversity and public mental health's need for consumer and family member participation. MHSA funded staff could include trainers, counselors or case managers, employment service personnel, and staff time in public mental health settings to provide supervision of work experience. The program could be a combination of curriculum based on principles of psychosocial rehabilitation and work experience.

Objectives: Objectives could be described in terms of significant products, events, establishment of program or specific outcomes achieved. Objectives in this Action could be establishment of the course or program, planned number of participants recruited for participation, number graduating, number employed in community public mental health, number retained over time, and career progression.

Budget Justification: Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Funds budgeted for less than a full fiscal year would be prorated. Planning factors could also include the cost of purchasing any copyrighted materials.

II. Mental Health Career Pathway Programs Funded and Administered at the State Level.

The Department is planning to fund the following in order to assist in the development statewide of the number and type of mental health career pathway programs that will be needed:

1. The Department will be funding the establishment of a statewide consumer and family member technical assistance center that will provide training, technical assistance, coordination and support for programs throughout California that provide employment preparation, job placement assistance and ongoing employment supports for consumers and family members desirous of joining and/or working in the community public mental health workforce. This center will act as a resource for counties and community based organizations in the development of employment preparation training programs and employment supports for consumers and family members.

2. The Department will be funding a limited number of consumer entry level preparation and human service academy programs to act as replicable models and resources for counties and community based organizations desirous of starting similar programs. Programs selected for funding at the state level will have an existing track record of successfully fielding these type of programs, and have the capacity of providing consultative assistance and tracking outcomes for research purposes.

3. The Department will be providing statewide funding for programs capable of supporting health workers with degrees and credentials obtained in other countries that are now living in California to transition into jobs in public mental health. The programs will support eligible individuals prepare for and transition into community public mental health employment by providing counseling, assistance with applying for and obtaining appropriate licenses, credentials or certificates, assistance in applying for and attending appropriate education and training programs, and job placement assistance.

Counties are encouraged to assess the scope and availability of these resources to their needs, and supplement, where appropriate, the Actions that will fully meet their needs.

Planning Factors. In developing budgets for the above state administered mental health career pathway program activities the Department used the planning factor of budgeting, on average, $100,000 on an annualized basis per FTE, whether staff time was on contract, hourly, or a state employee. This planning factor was an all-inclusive cost that included salary, benefits, operating costs to support the position, and administrative overhead at 15%. Counties will need to adjust this planning factor to existing and planned costs for staff in their county.

In planning for funding replicable model programs the Department has planned for an upward limit of $650,000 for a consumer entry level preparation program, to include the payment of stipends, the addition of consultative staff time for assisting the development of programs of this type throughout California, and staff time for research purposes. The Department has planned for an upward limit of $450,000 for a human service academy program that also includes a consultative and research element. Counties would need to adjust their budgeting according to the specific elements incorporated, and the level and extent of funding and in-kind resources contributed by partner agencies.

D. Residency, Internship Programs

MHSA funding for psychiatric residency programs, internship programs leading to licensure and physician assistant programs with a mental health specialty are designed to address workforce shortages and supplement existing programs to increase the share of licensed professionals practicing in community public mental health who:

- Specialize in child and geriatric psychiatry
- Work on multidisciplinary teams providing services according to the fundamental concepts of the Act
- Recruit individuals into community public health who can address workforce diversity needs

- Increase mental health awareness and expertise by working with primary care health care workers
- Can prescribe and/or administer psychotropic medications
- Work in underserved/unserved communities and sparsely populated areas.

Counties are encouraged to partner with graduate mental health and psychiatric residency programs in their communities to establish programs that address one or more of the above, and use MHSA funding to both address workforce shortages and influence school curriculum.

Funding may be used to add slots to an existing psychiatric residency program that enable fourth and/or fifth year residents to specialize in

- Child or geriatric psychiatry and work in community public mental health settings
- Specialize in community public mental health and work in these settings
- Work on multidisciplinary teams, to include primary physicians and health care workers that work in community public mental health settings

Funding may also be used for counties and their community based agencies to work with masters or doctoral level programs that enable graduates to become interns in their field and become licensed and authorized by the Department to sign mental health treatment plans. This can take the form of funding dedicated staff time that is housed in community public mental health settings to provide clinical supervision of hours leading to licensure for occupations the county has deemed to be an occupational shortage, or licensed occupations where diversity needs are addressed. This staff time should also actively participate in influencing graduate school or residency program curriculum to better reflect the needs of community public where services are provided according to the fundamental principles of the Act.

Finally, funding may be used to add a mental health specialty to an existing two-year physician assistant program by funding mental health coursework and psychiatric supervision in community public mental health settings for second year students.

Funding may not be used for staff and program expenses of any of the above disciplines for their entire matriculation with a school, but only that portion that enables a specialization in skills and expertise specific to the needs of community public mental health and contains program content that is consistent with the fundamental concepts of the Act. Also, residents, interns and their clinical supervisors who provide services as part of these programs are to be paid with service dollars (for example, CSS component funds) and not as a budgeted residency or internship program expense paid by workforce education and training component funds.

I. The following represents examples of appropriate Actions for consideration:

#1. Title: Child/Geriatric/Public Mental Health/Multidisciplinary Psychiatry Residency Program.
Description: Counties can fund via contract or interagency agreement with an existing psychiatric residency program to fund the faculty staff time needed to enable fourth and/or fifth year residents to specialize in one of the above tracks and work one or two years in county operated and/or community public agency settings, such as psychiatric emergency clinics, urgent care centers, or community out-patient clinics. Faculty staff will provide the supervision at these sites, and will be responsible for implementing curriculum as part of the psychiatric residency program.

Objectives: Objectives could be described in terms of significant program or specific outcomes achieved. Objectives in this Action could be establishment of the psychiatric residency program and number of slots, number and race/ethnicity of participants recruited for participation, and number continuing to work in community public mental health settings.

Budget Justification: Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Funds budgeted for less than a full fiscal year should be prorated.

#2. Title: Clinical Psychologist/Social Worker/Marriage and Family Therapist/ Psychiatric Mental Health Nurse Practitioner Internship Program
Description: Counties can fund via contract or interagency agreement with an existing masters or doctoral program the staff time needed to provide clinical supervision of program graduates who are registered as interns and who work in community public mental health settings. Clinical supervision is to take place in the community public mental health settings, and staff duties include influencing the curriculum taught at the school.

Objectives: Objectives could be described in terms of significant program or specific outcomes achieved. Objectives in this Action could be establishment of the internship program and number of slots, number and race/ethnicity of participants recruited for participation, number continuing to work in community public mental health settings, and desired changes to the internship curriculum.

Budget Justification: Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel

costs, and administrative overhead. Funds budgeted for less than a full fiscal year should be prorated.

#3. Title: Mental Health Physician Assistant Program.
Description: Counties can fund via contract or interagency agreement with an existing physician assistant program the faculty staff time needed to enable second year students to specialize in mental health and work and receive supervision in county operated and/or community public agency settings, such as psychiatric emergency clinics, urgent care centers, or community out-patient clinics. Faculty staff will provide the supervision at these sites, and will be responsible for implementing curriculum as part of the mental health physician assistant program.

Objectives: Objectives could be described in terms of significant program or specific outcomes achieved. Objectives in this Action could be establishment of the physician assistant program and number of slots, number and race/ethnicity of participants recruited for participation, and number continuing to work in community public mental health settings.

Budget Justification: Planning factors for construction of a budget for this Action would be the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Funds budgeted for less than a full fiscal year would be prorated.

II. Residency, Internship Programs Funded and Administered at the State Level.

The Department is planning to fund a limited number of replicable model psychiatric residency and physician assistant programs as described above in order to assist in the development of additional programs throughout California.

Counties are encouraged to assess the scope and accessibility of these replicable model programs as they are established and supplement, where appropriate, the Actions that will fully meet their needs.

Planning Factors. In developing budgets for the above state administered psychiatric residency and physician assistant program activities the Department used the planning factor of budgeting, on average, $100,000 on an annualized basis per FTE, whether staff time was on contract, hourly, or a state employee. This planning factor was an all-inclusive cost that included salary, benefits, operating costs to support the position, and administrative overhead at 15%. Counties will need to adjust this planning factor to existing and planned costs for staff in their county.

In planning for funding replicable model programs the Department has planned for an upward limit of $450,000 per program. Counties would need to adjust their budgeting according to the specific elements incorporated, and the level and extent of funding and in-kind resources contributed by partner agencies.

Financial incentives for students, such as loan forgiveness programs (whether awarded through MHSA or other funding sources), can supplement these residency and internship programs to encourage individuals to choose the specialties and expertise needed by the counties.

E. Financial Incentive Programs

Stipends, scholarships, and loan forgiveness programs are financial incentives to recruit and retain both prospective and current public mental health employees who meet employers' needs for 1) workforce shortages of critical skills, 2) diversity and language proficiency shortfalls, and 3) promoting employment and career opportunities for individuals with consumer and family member experience in all public mental health positions.

Stipends. Stipends can be a program of educational funding for students such as that patterned after the federal Title IV-E stipend program for graduate level students, such as social workers or marriage and family therapists, where funds are provided to an enrolled student in exchange for a commitment to work in community public mental health for a specified period of time, usually one year. Counties can contract with a fiduciary entity, university or accredited educational institution for the establishment of such a program.

Stipends can also be used to pay consumers and family members for participation and completion of an education or training program that leads to employment in community public mental health, and are often budgeted as part of the expenses of such a program.

Scholarships. Counties and their contract agencies can establish a scholarship fund to pay for the costs, such as tuition, registration fees, books and supplies, associated with employees participating in training and educational endeavors that are directly linked to:

- Addressing occupational shortages or critical skills needed by the employer, such as language proficiency or licenses
- Integrate consumers and family members into all levels of the community public mental health workforce, to include positions that require advanced degrees
- Addressing diversity needs of the workforce

All education and training in which scholarship funds are provided must adhere to the fundamental principles embodied in the Act, and should not supplant existing funds allocated for staff development activities.

Counties can establish new programs or supplement existing programs that may include a sharing of costs with the employee, and contribution of paid time and an employee's personal time to participate, such as a "20/20 program."

Loan Forgiveness Programs. Counties can establish a program to make payments to an educational lending institution on behalf of an employee who has incurred such debt while obtaining their education. These loan forgiveness payments are made in exchange for the employee's commitment to work in community public mental health for a specified time, and need to be directly linked to meeting an employer's workforce needs. Amounts paid on behalf of an employee can vary, depending upon their educational level achieved.

I. The following represents examples of appropriate Actions for consideration:

#1. Title: Clinical Psychologist/Social Worker/Marriage and Family Therapist/ Psychiatric Mental Health Nurse Practitioner Stipend Program
Description: Counties can fund via contract or interagency agreement with an existing masters or doctoral program to provide a stipend, such as $18,500, for second year students to do their field work in a community public mental health setting. Students shall commit to a year of service in community public health for each year they have received stipend support. The program can pay for stipends and reasonable administrative costs and clinical supervision time to carry out the program as well as staff time to ensure the graduate program curriculum is consistent with the fundamental principles of the act.

Objectives: Objectives could be described in terms of significant program or specific outcomes achieved. Objectives in this Action could be establishment of the stipend program, a revised curriculum, number of students enrolled, race/ethnicity of participants recruited for participation, number of graduates, and number working in community public mental health settings.

Budget Justification: Planning factors for construction of a budget for this Action would be the cost of the stipend times the number of students, and the number of full-time equivalent (FTE) positions (2080 hours = 1 FTE) times the all-inclusive cost for fielding a FTE position, to include salary and benefits (or hourly rate), operating costs, such as computers, office space, travel costs, and administrative overhead. Funds budgeted for less than a full fiscal year would be prorated.

#2. Title: MHSA Scholarship Program.
Description: Counties can establish a scholarship program for existing employees to obtain degrees, licenses, certificates, or language proficiencies that would serve the needs of the employer and address the cross-cutting MHSA

principle of integrating consumers and family members into all levels of public mental health employment. This scholarship program can identify time and expense needing to be contributed by the employee and that contributed by the employer.

Objectives: Objectives could be described in terms of significant program or specific outcomes achieved. Objectives in this Action could be establishment of the scholarship program and number employees for whom scholarships would be provided.

Budget Justification: Planning factors for construction of a budget for this Action would be to establish an average cost of educational expenses, such as registration fees, tuition, books and supplies, to be allotted per employee times the number of employees for whom scholarships are planned to be provided. Funds budgeted for less than a full fiscal year would be prorated.

#3. Title: Loan Forgiveness Program.
Description: The Department is working with the California Student Aid Commission (CSAC) to establish and administer a centralized, statewide loan forgiveness program in which applications are electronically submitted by individuals and approved by community public mental health employers. CSAC would utilize MHSA funds received by the Department to make payments to lending institutions. Counties can earmark county funds to supplement those funds administered at the state level.

Objectives: Objectives could be described in terms of significant program or specific outcomes achieved. Objectives in this Action could be number of employees having loan forgiveness payments made on their behalf and retention rate of these individuals versus comparable level employees not receiving loan forgiveness payments.
Budget Justification: Planning factors for construction of a budget for this Action would be the number of individuals who will participate in the program times the average yearly loan amount paid on their behalf. Funds budgeted for less than a full fiscal year would be prorated.

Financial Incentive Programs Funded and Administered at the State Level.

Stipends. The Department is planning to establish stipend programs to fund approximately 300 graduate level social workers, clinical psychologists, marriage and family therapists, and psychiatric mental health nurse practitioners. Counties are encouraged to assess the scope and accessibility of these stipend programs as they are established and supplement, if appropriate, to fully meet their needs.

Scholarships. The Department will pay scholarships for individuals to participate in the planned state administered training programs of Train-the-Trainers and a Leadership Institute.

Loan Forgiveness Program. In partnership with CSAC, the Department is planning to establish a statewide loan forgiveness program in which approximately 600 new individuals on an annual basis will have payments made on outstanding loan balances in exchange for a commitment to work in community public mental health. Through DMH Letter 07-XX each county will be allotted a loan forgiveness funding amount. As individuals are approved by the counties to participate in the state administered loan forgiveness program the cost of their award will be drawn from this funding allotment. Counties can add funds to this allotment in their County Plan in order to increase the number of individuals from their counties who are able to participate in the loan forgiveness program.

Planning Factors. In developing budgets for the above state administered stipend programs the Department used the planning factor of budgeting, on average, the all-inclusive cost of $30,000 on an annualized basis per participating student. For state administered scholarships the Department used the planning factor of $3,500 per individual per completed course. For the loan forgiveness program the Department used the planning factor of $10,000 per year, on average, for each participant, and an average of three years of loan payments for each participant. This average amount and number of years included a range of maximum amounts and years for an individual with less than a bachelor's degree, to a masters level to a psychiatrist.

Exhibit 4: Action Matrix.

All MHSA funded workforce education and training Actions must embody the five fundamental principles that are inherent in the Act and be consistent with at least one of the strategies stipulated in Section 5822. In this exhibit counties are to list the title of each Action that was described in Exhibit 3 and check each box where it applies. This is to follow a process whereby each planned Action is matched against each of these principles and strategies and analyzed to ensure that it meets this mandate.

Exhibit 5: Budget Summary.

Counties are to add up the sub-totals for each funding category (for example, Workforce Staffing Support) and each fiscal year from Exhibit 3 and enter these sub-totals on the Budget Summary. For Fiscal Year 2006-07 counties are to delineate early implementation funds approved prior to plan approval and additional funds requested, with the total not to exceed the Fiscal Year 2006-07 total Planning Estimate requested.

Counties are not to exceed the total Planning Estimate allocation for the total three-year Planning Estimate period for their county.

Exhibit 6: Three-Year Plan – Quarterly Progress Goals and Report.

Upon approval of the County Plan this exhibit is to be submitted each subsequent quarter along with the Community Services and Supports Quarterly Report for the remainder of the county's current three-year program and expenditure plan. The exhibit is divided into the five funding categories, with space allocated for a short narrative describing progress on planned Objectives for the Actions described in Exhibit 3. These Objectives, such as events, milestones, products, or outcomes, span the three-year program and expenditure period.

Minimum reporting requirements consist of listing any Objectives from any of the Actions that have been met during the quarter being reported, and any issues that significantly impact on the accomplishment of Objectives.